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Substitute for Form PTO-875								Application or Docket Number 10/6260/5		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR		NUM	NUMBER FILED		BER EXTRA	RATE	65.5]	6.22	
	BASIC FEE (37 CFR 1.16(a))					- 1000	FEE	1	RATE	fe e
10	TOTAL CLAIMS			<u> </u>			- 	-l o⊪		1
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(37	CFR 1.10(6))		minus 3 s			X 1 •		OR	x s	
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$		OIK	45 .	
. 10	" If the difference in column 1 is loss than zero, enter "0" in column 2					TOTAL		OR	TOTAL	1
		CLAIMS AS AN					<u> </u>	7 01	TOTAL	L
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		(Column 1)		(Column 2)	(Column 3)					
ENT B		CLAIMS REMAINING AFTER AMENDIJERT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RA1(ADDI TIONA; FEE
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Ā -	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d))							OR .		
l_					-1-11	10TAL ADD'L FEE		OR [TOTAL ADDLECE	
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